



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 5722

Bib Data Sheet

| | | | | |
|--|---|--------------------------------|---|--|
| SERIAL NUMBER 09/280,421 | FILING OR 371(c) DATE 03/29/1999 RULE | CLASS 725 | GROUP ART UNIT 2611 | ATTORNEY DOCKET NO. KLR:7146.028 |
| APPLICANTS M. IBRAHIM SEZAN, CAMAS, WA; RICHARD QIAN, VANCOUVER, WA; GEORGE BORDEN, VANCOUVER, WA; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/21/1999 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance met | | STATE OR COUNTRY WA | SHEETS DRAWING 9 | TOTAL CLAIMS 117 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 5 | | |
| ADDRESS 00152 | | | | |
| TITLE INFORMATION ENHANCED AUDIO VIDEO ENCODING SYSTEM | | | | |
| FILING FEE RECEIVED 2662 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

| | | | | |
|---------------|-------------|-------|----------------|---------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/280,421 | C3/25/99 | 348 | 2713 | KLR:7146.028 |

APPLICANT M. IBRAHIM SEZAN, CAMAS, WA; RICHARD QIAN, VANCOUVER, WA; GEORGE BORDEN, VANCOUVER, WA.

CONTINUING DOMESTIC DATA***

VERIFIED

None *NS*

371 (NAT'L STAGE) DATA***

VERIFIED

None *NS*

FOREIGN APPLICATIONS***

VERIFIED

None *NS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/21/99

| | | | | | |
|---|---|------------------------|---------------------|---------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY WA | SHEETS DRAWING 9 | TOTAL CLAIMS 117 | INDEPENDENT CLAIMS 5 |
| Verified and Acknowledged Examiner's Initials _____ Initials _____ | | | | | |

ADDRESS KEVIN L RUSSELL
CHERNOFF VILHAUER MCCLUNG & STENZEL
ONE S W COLUMBIA SUITE 600
PORTLAND OR 97258

TITLE INFORMATION ENHANCED AUDIO VIDEO ENCODING SYSTEM

| | | |
|------------------------------------|---|---|
| FILING FEE RECEIVED \$2,662 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------------|---|---|